

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09 675095	FILING DATE 9/28/00	
								CLAIMS		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1			1				51			
2				1			52			
3				2			53			
4				0			54			
5				0			55			
6				0			56			
7				0			57			
8				0			58			
9				0			59			
10				0			60			
11			1				61			
12		1		1			62			
13		2		2			63			
14		1		2			64			
15				2			65			
16				0			66			
17				0			67			
18				0			68			
19							69			
20							70			
21							71			
22							72			
23							73			
24							74			
25							75			
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31							81			
32							82			
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35							85			
36							86			
37							87			
38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	21		21				TOTAL IND.			
TOTAL DEP.	10		20				TOTAL DEP.			
TOTAL CLAIMS	31		32				TOTAL CLAIMS			